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**FACSIMILE TRANSMISSION COVER SHEET**

Date: June 30, 2004

To: United States Patent and Trademark Office  
Examiner: Ron Everett Pompey: Art Unit: 2812

Fax: (703) 872-9306

Re: Application Serial No.: 09/826,472  
Filing Date: 4/4/2001; First Named Inventor: Bin Yu  
Attorney Docket No.: 0180197

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to the Office Action dated March 3, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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JUN 30 2004

Attorney Docket No.: 0180197

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Bin YuSERIAL NO.: 09/826,472 FILED: April 4, 2001FOR: Method of Fabricating a Semiconductor Device Having a Nitride/High-K/Nitride Gate Dielectric Stack by Atomic Layer Deposition (ALD) and a Device Thereby FormedHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.  
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

 TOTAL EXTENSION FEE \$ 110.00 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180197

- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 6/30/04By:   
Michael Farjami, Reg. No. 38.135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

6/30/2004

Date

LESLEY L. LAM

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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Attorney Docket No.: 0180197

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In re Application of:

Art Unit: 2812

Bin Yu

Examiner: Pompey, Ron Everett

Serial No.: 09/826,472

Filed: April 4, 2001

For: Method of Fabricating a Semiconductor Device Having a Nitride/High-K/Nitride Gate Dielectric Stack by Atomic Layer Deposition (ALD) and a Device Thereby Formed

**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated March 3, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

07/02/2004 CNGUYEN 00000154 09826472

01 FC:1251

110.00 OP